THE BOSTON

MEDICAL AND SURGICAL JOURNAL.

VOL. III.] TUESDAY, JUNE 15, 1830. [No. 18.

I.

GONORRHŒA,—ITS HISTORY, AND THE QUESTION OF ITS IDENTITY WITH SYPHILIS.

In his surgical lectures now publishing in the London Medical Gazette, Mr. Lawrence gives an extended and valuable view of syphilitic diseases. Of these there are none more frequent or troublesome, than such as attack the mucous lining of the urethra and the adjoining textures. We shall offer, therefore, below, as of great practical usefulness, the remarks of Mr. L. on the nature and history of gonorrhœa, reserving his account of its treatment till our next number.

The disease, says Mr. Lawrence, which bears the technical name of gonorrhœa, and which common mortals call *clap*, is an inflammation of the mucous membrane of the urethra, attended with puriform discharge, which discharge unluckily possesses infectious properties,—that is, it is capable of communicating the disease to the mucous membrane of the urethra or vagina of a healthy person, when brought in contact with it. Thus gonorrhœa is an infectious disease ; and it is usually conveyed from one individual to another by sexual intercourse, but not necessarily so. If you consider the etymological construction of gonorrhœa, it might lead you to a somewhat erroneous opinion with respect to the nature of the affection, more particularly as to the discharge which is produced. Gonorrhœa, which is derived from the Greek, is equivalent to the Latin words *fluxus seminis*, that is, discharge or flow of seminal fluid. Now, I need hardly perhaps acquaint you, that the discharge which takes place from the urethra in gonorrhœa is not of that nature, —that it is an increase, with alteration in the quality, of the natural mucous secretion of the part, —an increase and alteration in quality consequent on the state of inflammation in the membrane. In order to give it a more significant name, some foreign writers have proposed to call it *blennorrhœa*, which merely means excessive flow of mucous fluid ; however, the term gonorrhœa is one so generally received, and the meaning of which is so well known, that we need not attempt to look for any other.

I had occasion to speak to you, in describing syphilis, of what is called the *poison*, or *virus*, that produces the disease ; and in the same way we recognise the existence of a poison or virus in gonorrhœa. A question has arisen whether these two diseases,—that is, syphilis and gonorrhœa,—are produced by one and the same poison,

or whether they owe their origin to different poisons? I mentioned to you, that we know nothing of the venereal virus or poison, considered in the abstract, and we know as little of that of gonorrhœa,—that is, we do not know what is the particular ingredient or quality in gonorrhœal discharge, or in the secretion from a syphilitic sore, that is capable of producing the disease in another person, when applied to certain parts; we only know that a certain fluid, called gonorrhœal discharge, and the secretion of syphilitic sores, will produce such affections. We are acquainted, therefore, not with the poison in the abstract, but with the poisonous or infectious secretions, as manifested by their effects. The question, then, respecting the identity or diversity of these two poisons, seems to me to come to this,—whether two things, both of which are entirely unknown to us, be the same, or whether they be different? It is very difficult to answer a question of that kind. We may perhaps make the question more clear, and more susceptible of an answer, if we put it in this form,—whether gonorrhœal discharge be capable of producing syphilis; and whether the secretion of a syphilitic sore be capable of producing gonorrhœa? In this way it is reduced to a question of fact, which we should suppose might be tolerably easily answered. Now, if we see two effects that are perfectly like each other, we may naturally infer that the causes that produced them are similar or identical. On the other hand, if we see effects totally dissimilar, we can have no hesitation in saying they arise from dissimilar causes. How does the case stand, then, in respect to the present question? Syphilis consists of ulcers, followed by a train of morbid appearances in various parts of the body, occupying a long time, sometimes several years; gonorrhœa consists in inflammation of the mucous surface of the urethra or vagina, going through a certain course, coming to a natural end, affecting the parts immediately concerned, and not in general attended with further influence on the constitution. These two diseases seem totally unlike each other; and the natural inference that presents itself to my mind from contemplating the diseases in this view would be, that they owe their origin to causes essentially different.

Those persons who believe that syphilis first arose about the time of the discovery of America, or the invasion of Naples, are still of opinion that gonorrhœa existed before that time, and that it was an old disease. We should naturally suppose that persons who held this opinion, would think that gonorrhœa depended upon a poison different in its nature from that of syphilis; for if gonorrhœa existed from more ancient times, how does it happen, supposing the poison that produced it to be the same as that which produced syphilis,—how does it happen, I say, that syphilis has not existed as long as gonorrhœa? The belief in the identity of the poisons seems to me incompatible with the idea that gonorrhœa is an ancient affection, and that syphilis is one of recent date. However, it does happen that persons who believe in the more recent origin of syphilis, are still of opinion that the poison producing the two diseases is the same. This was the case with Mr. Hunter. He was a great

advocate for the identity of the poisons of gonorrhœa and syphilis; in fact, he says the two poisons are the same, and that the difference in the two diseases arises merely from the differences in the texture of the parts to which the poison is applied,—that is, if the poison be applied to a mucous surface, such as the urethra or vagina, then it causes gonorrhœa; if it be applied to a surface covered by a cuticle, then it produces syphilis,—primary syphilitic sores. But if this were the only difference in the two cases, it appears to me, in the first place, that we should expect to find females laboring almost invariably under gonorrhœa, and very seldom under syphilis, because in them the poison is applied to the surface of the vagina. It may be applied to some of the external parts of the genital organs, but not necessarily so. However, in the female the poison is necessarily applied to the surface of the vagina; and we ought, therefore, if the poison be the same, to have gonorrhœa constantly produced: but we do not find that gonorrhœa exists in a greater proportion in females than syphilis. Then, on the other hand, we should expect to find that syphilis would be found much oftener in men than gonorrhœa, because the poison is applied, in them, to the external surface of the penis, or prepuce, or glans; and it seems rather difficult to account at all for the introduction of the poison into the male urethra: yet gonorrhœa occurs very frequently in males. To settle the question of the two poisons being identical, we ought to find gonorrhœa and syphilis coexisting together, because, in the majority of instances, we may suppose that the poison has been applied, especially in females, both to a secreting and non-secreting surface. Now, we do sometimes find that gonorrhœa and syphilis exist together, but their coexistence is comparatively rare.

Mr. Hunter attempted to bring this opinion to the test of direct experiment, and introduced, by puncture with a lancet, the matter of gonorrhœa into the glans penis and prepuce. He has given a long account of his experiment, the result of which was, chancre in the part, sore throat, nodes, &c. If this experiment were to be admitted, it would be decisive of the question, as it would unequivocally prove the production of syphilis from the introduction of gonorrhœa into a wound. For my own part, however, I can only say that in the narrative there are so many inconsistencies, that, in spite of the high authority of Mr. Hunter, I must withhold my belief; and I am in some measure encouraged in this by the fact, that attempts have been made to produce primary syphilitic sores from gonorrhœal matter, and to produce gonorrhœa from the discharge of syphilitic sores, which attempts have totally failed. Mr. B. Bell, of Edinburgh, recounts several experiments made for both of these purposes: experiments in which gonorrhœal discharge was introduced by inoculation with a lancet, and produced no effect whatever, and other instances in which the secretion of primary syphilitic sores was applied to the vagina and male urethra. Now, when the secretion of a chancre was introduced, by a small puncture, into the surface of the male ure-

thra, he found that disease was produced, but not gonorrhœa; in fact, chancre was produced,—chancre which led to the occurrence of secondary symptoms, and required a long course of treatment for their cure; and here I may observe that Mr. Hunter's statement is by no means correct; that the application of any given infectious matter, either to the vagina or urethra,—that is, to a secreting mucous surface,—will produce, not a sore, but discharge. This statement is not correct; for we find,—not very frequently, indeed, but so often that it is perfectly well known,—that chancre may take place within the orifice of the male urethra; and a troublesome thing it is when it occurs there. We also know that chancre may take place within the vagina. The urethra and vagina are both susceptible of the occurrence of syphilitic affection.

The general result of the observations that I have made, leads me to the opinion that gonorrhœa and syphilis are *essentially distinct* in their nature; that the poison that produces the two must be different, and that there is a much greater difference between the two affections than can be accounted for simply by any difference in the textures of the parts in which they are seated. I consider them as totally and essentially different in their nature, and cannot doubt but that the causes which produce them must be equally different.

A certain interval of time elapses between the application of the infection and the occurrence of gonorrhœa,—a few days. Gonorrhœa generally takes place sooner after infection than chancre, but it may be protracted for two or three weeks. In the first place, a slight degree of heat and uneasiness is experienced about the orifice of the urethra; the margin of the opening swells and becomes red, that is, the lips of the urethra become tumid and red, and then very quickly the discharge shows itself. A thin yellowish fluid issues from the urethra, increases in quantity, and becomes thick and yellow, sometimes having a greenish appearance. The pain and uneasiness increase in proportion as the discharge increases. Together with these symptoms, you find that a very unpleasant sensation is experienced in making water. The passage of the urine over the inflamed surface of the urethra produces a sense of burning and scalding, technically called *ardor urinæ*,—a sense of heat in making water; after which the increased secretion flows very copiously from the urethra. The symptoms increase to a certain extent in violence, and last for a certain time; they then begin to decrease, the pain subsides, the discharge diminishes in quantity, and continues to decrease till it goes away altogether: and thus gonorrhœa, if left to itself, will pursue a certain course, and disappear entirely, this process occupying a space of perhaps four, five, or six weeks. Sometimes, instead of disappearing entirely, the discharge diminishes in quantity, becomes thick, has a less bright yellow color, and sometimes even becomes colorless. The scalding in making water is lost, and nothing remains except this increased secretion. In this state the complaint may last for a great length of time,—weeks,

months, or even years; and it is then technically called *gleet*.

But persons who catch a clap do not always get off quite so easily as this: what I have described is a sort of gentle clap, where the symptoms are mild,—a sort of middling case. Frequently, however, the inflammation is very considerable; the glans penis swells and becomes of a bright color; the lips of the urethra are particularly tumid and red; the prepuce swells, becomes œdematous, and passes into a state of phimosis, while, at the same time, the inflammation extends along the whole length of the urethra to the bladder. In the milder case that I have been mentioning, it is found, by examination, that the inflammation of the urethra does not reach further than about one inch and a half, or two inches from the orifice, and Mr. Hunter calls this the "specific distance." He seems to have an idea that in the infectious disease, properly called clap, the inflammation usually does not reach beyond the point I have mentioned. However, the inflammation by no means observes this boundary in all cases; it often goes beyond what Mr. Hunter has described, runs along the urethra, and extends to the bladder: and, indeed, the mucous membrane of that viscus is sometimes involved in the inflammation. In these cases there is violent pain of the urethra; this runs along to the perineum, and is felt severely about the anterior region of the bladder. The patient also experiences painful erections, caused by the irritation to which the penis is subject. They are repeated frequently, and give rise to excessive pain. This is a symptom usually experienced in clap to a greater or less extent. The violence of the inflammation is sometimes attended with an effusion of coagulable lymph, either in the interior of the corpus cavernosum, or the corpus spongiosum urethræ. Owing to this, when the penis is erected, it becomes curved in an unnatural direction; a circumstance which has given rise to the term *chordee*, as if the part were confined by a cord or string.

In another form of this affection,—when the inflammation extends to the bladder,—the patient is tormented by an incessant desire to void his urine, and the act of doing this is excessively painful; the ardor urinæ is increased to an almost unbearable degree, under such circumstances; and inasmuch as the mucous lining of the urethra is swelled, from the state of congestion in all the vessels, the canal is diminished in its calibre, so that the urine comes out slowly, and of course the pain in discharging it is proportionally diminished. At length this difficulty in the discharge of the urine sometimes proceeds to such an extent that it comes away by drops, or it may even proceed to complete retention of urine. It also happens occasionally that some of the over-distended vessels of the membrane give way, and blood escapes. This is a very favorable occurrence, because it tends to relieve the turgid vessels of the inflamed membrane.

Such are the circumstances that characterize clap in the worst form. When the inflammation occupies the whole of the urethra, when it affects the prostate and bladder, there is perhaps

hardly a more painful disease, or one altogether of greater suffering while it lasts, than a case of gonorrhœa which extends in this way. Then other cases again are particularly mild; they trouble the patient with very little pain, and there is only a little uneasiness in voiding the urine.

II.

CASES OF PAINFUL SUBCUTANEOUS TUBERCLE.

THE last number of the Edinburgh Medical and Surgical Journal contains the following cases of painful subcutaneous tubercle, reported by Mr. David C. Carruthers, Esq., Surgeon, Dundee.

CASE I.—William Wilson, æt. 52, laborer, Balmossie, near Dundee, has a small subcutaneous tumor, situated upon the middle, posterior and ulnar side of his left forearm. A slight elevation is observed in certain positions only, and between two veins of considerable size, having much the appearance of a varix. Its feel is peculiar, appearing to consist of fatty substance, and a small round body exceedingly hard, resembling a small shot, and evading the touch. It is the source of great uneasiness while working, and is particularly painful during damp weather; also in the night often causing him to awake, occasioned, he imagines, by the bedclothes coming in contact with it, as it is exceedingly sensible when in the least compressed. Pain darts along the inner side of the arm to the armpit and shoulder. About sixteen years ago, he was led to observe it on feeling a slight degree of pain near its seat. He does not think it has grown much since, nor can he trace it to any blow, prick, or other cause.

I removed it by two semi-elliptical incisions, including the smallest possible portion of integuments, and avoiding the veins on each side. It was seated somewhat deeply, adhering to the fascia beneath, but otherwise surrounded with cellular substance. A small subcutaneous branch of a nerve seemed to pierce its upper and inner part, but its exit could not be seen. The cellular substance surrounding it appeared more compact than natural. It was easily extracted without wounding either of the veins. The patient said the pain of cutting really was less than I had occasioned him while examining it some days before. After its removal, I examined it very carefully. It was of a triangular appearance, and of a dark brownish color, lobulated; and at one of its corners was felt and seen the small, round, hard body.

On laying it open by an incision through its longest diameter, it appeared to consist of a reticulated filamentous structure, surrounded by a tough membranous capsule, and containing a dark brownish fluid, staining linen and white paper of a coffee color; the small, round, hard body, consisted apparently of a cartilaginous substance, with a dark centre, and united firmly to the general mass. Several other parts of the mass were evidently acquiring a hard consistence, and approaching to the roundish form. No nerve could be traced within its substance. Once or twice, with the assistance of the microscope, I could trace a small fila-

ment, but rather think it was only part of its reticulated structure.

Whether the nervous twig seen at its upper and inner part pierced, but was so interwoven with its internal structure that no trace of it could be detected, or that the external membranous covering was the distended *neurilema*, it is difficult to determine; but from the nervous twig gradually enlarging at its approach to the small tumor, it would seem to favor the opinion of Jacobi, "that they consist of a morbid change of the neurilema by deposition of a dark-colored albuminous matter in the neurilematic interstices."

The small wound showed at first little tendency to heal, and its lips were for some time surrounded by an erysipelatous blush; but by the usual remedies at last it healed kindly. Nothing of the kind exists in any other part of his body.—September, 1828.

Case II.—James Herd, æt. 49, feuar, Forthill, Broughty Ferry, neighborhood of Dundee, has a small subcutaneous tubercle situated on his left arm, a little above the elbow, and at the outer side a little elevation is visible, and feels of a firm consistence, rather loosely attached in its seat, about the size of a coffee-bean, and immediately under the integuments, which are of the natural appearance. Complains of its being subject to paroxysms of acute pain, resembling those of severe toothach, having it very tender to the touch for some time after. The paroxysms generally occur during the night, causing him to awake, and continue more or less severe for upwards of an hour. The pain is seated chiefly in the tubercle, but extends also to the neighboring parts. It is the seat of excruciating pain, if accidentally struck, but it is noways painful when touched, unless during a paroxysm. Is quite certain that the changes of the weather have a very marked effect upon it. The paroxysms are at present frequently brought on while working, by his having to throw up rubbish from a well, at which times they take place suddenly, and are of short duration, while at all other times they come on more gradually.

About six years ago he first observed it, on feeling frequent stinging pains near its seat. There was then no prominence, but it could be felt of the size of a barleycorn, and moveable. Since that time it has slowly increased to its present size, and the paroxysms have likewise increased in frequency and in severity.

I removed it by two semi-elliptical incisions, including a very small portion of integuments. It did not adhere to the integuments, and was easily extracted from its bed of cellular substance. No vessel nor nerve could be detected entering its substance. It was much lobulated, of a cartilaginous appearance, and very hard. I divided it through its longest diameter, and laid open a small triangular cavity, having the internal surface of its parietes smooth, and moistened by a minute quantity of a glairy fluid. The small tubercle was evidently of a cartilaginous nature, covered externally by a very delicate film of condensed cellular web, destroying the transparency which it otherwise would have had, judging from the internal appearance.

The lips of the small wound

healed by the first intention in the space of a few days, leaving little or no scar.—October, 1828.

Case III.—A married woman, æt. 44, Dundee, who had a subcutaneous tubercle situated upon the upper and outer part of the leg, about a handbreadth below the knee. She had been troubled with symptoms differing but little in substance from Case II. for upwards of nine years. It was deeply imbedded in cellular substance, but was easily extracted by Dr. Ramsay, with whom I examined it immediately afterwards. It consisted of a tubercle of oval figure, of a hard fibro-cartilaginous nature, and, when divided, it was semitransparent and solid throughout. Neither vessels nor nerves were observed, and none afterwards could be traced into its substance.

It is pleasing to remark, in the above three cases, that none of their distressing symptoms have ever as yet threatened to return; and it is now rather more than four years since Case III. was operated upon.

III.

ANOMALOUS CASE OF STRANGULATED ILEON.

To the Editor of the Boston Medical and Surgical Journal.

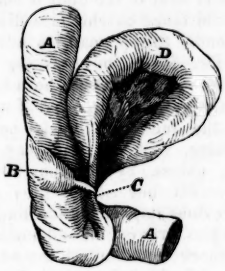
Sir,—Although the following case does not present anything of great practical importance, still its anomalous character may render it worthy a place in your Journal.

Mr. Abraham R. Thompson, Jr., aged 19 years, son of Dr. Thompson of this place, was, on the 21st of May, seized with pain in the right iliac region. Pulse hard and quick. Venesection and vesication over the abdomen were employed, and neutral salts administered, and, no operation following, an enema was given, which brought away a quantity of feces; the pain subsided, and great prostration ensued. On the morning of the 23d, he commenced vomiting stercoraceous matter, which was followed by all the symptoms usually met with in cases of intussusceptio and strangulated intestine. The uncertainty as to the exact difficulty, rendered it unadvisable, in the opinion of the physicians who saw him, to attempt giving any surgical relief. On the evening of the 26th, he died. As the case is reported not for its practical utility, but for its singularity, I have thought it unnecessary to give a detailed account of the practice pursued.

Post-mortem Examination.

On opening the abdomen, the vessels of the peritoneum were observed to be very full, although no blush of inflammation was discovered. The intestines, at their points of apposition, slightly adherent; the stomach contracted. In tracing the course of the ileon, portions of it were found inflamed, and, at a distance of thirty inches from its junction with the cœcum, an obstruction of an unusual nature was discovered. It consisted of a preternatural process, or cul de sac, given off from the intestine, the apex of which adhered, by a semi-ligamentous band or loop, to the mesentery; thus forming a ring through which fourteen inches of the ileum intestinum had passed and become strangulated. The parts in the vicinity of the ring were highly inflamed, and a small

portion of the intestine had become sphacelated. You have, in the annexed diagram, a representation of the parts as they appeared on dissection.



A A Ileum Intestinum.
B The process or cul de sac.
C The semi-ligamentous band which attached the sac to the mesensentery.
D The strangulated portion of the ileon.

Whether this ring was of recent formation or not, may admit of question; but, from the firmness of its structure, and the force required to detach it from the mesentery, I am induced to think it of long standing, if not congenital.

Yours, &c. J. S. HURD.

Charlestown, June 1, 1830.

IV.

EFFECTS OF DRINKING COLD WATER IN THE SUMMER SEASON.

To the Editor of the Boston Med. and Surg. Journal.

SIR,—I have read with much pleasure some remarks in your last Journal, by the celebrated Dr. Rush, on the dangerous effects sometimes following the use of cold water when the body is heated. Of the description of the disease, and of the mode of treatment, I have nothing to say: but of the theory of the affection, if I may call it such, advanced by the writer, and of the precautionary measures advised by him, permit me to say a few words.

Dr. R. says that the disease depends on these circumstances: —1. The body is exceedingly warm. 2. The water is exceedingly cold. 3. A large quantity is taken at once into the stomach.

In regard to the 1st circumstance, it is well known that whatever the feelings may indicate, the heat of the human body varies very little under any circumstances. Its natural standard of heat is about 98 deg. Fahr. An increase of 4 or 5 degrees is the utmost that occurs, except when it is exposed to a very extraordinary temperature, and it rarely if ever sinks to 95 deg.

As to the 2d circumstance, that the water is exceedingly cold, it certainly is not colder in summer, when the disease is most frequent, than in other seasons, when it is almost unknown. It is probably, even when first drawn from the well, a few degrees warmer; ordinary spring water being at about 50 deg. Fahr. in the warm season, whereas it is often drank at 45 deg., or even at a lower temperature, in the winter. I doubt, therefore, if the difference between the temperature of the water and that of the body, in instances where the ill effects described by Dr. Rush have ensued, is any greater than it is in thousands of instances where no ill effect has followed or been apprehended.

But be this as it may, it is a well established fact that the mere increase of animal heat is no objection to the free use of

cold water. It is only when this increase of heat has been brought on by labor or exercise sufficient to have produced fatigue and exhaustion, that there is hazard. It is this exhaustion of the system which renders it unable to withstand the depressing force, or, if you please, the shock of the cold water; and accordingly we find the disease occurring rarely, but in those who have worked not only in the heat, but very hard, and for a long time steadily.

Of the safety and even advantage of cold bathing when the body is warm with active exercise, and in the heat of the day, too, I am satisfied from what I have observed in my own case and in that of many others. The work of Dr. Currie on cold water, familiar to all medical men, abounds with instances proving the correctness of what I have asserted.

The 3d circumstance mentioned by Dr. Rush is very important. It is in excess that the chief danger lies. A quart of cold spring water might kill a sound man, much more one whose vital energy is half exhausted by heat and labor.

It is obvious that if the preternatural heat of the body is not the circumstance on which the disease depends, the precaution advised by Dr. Rush, of grasping the vessel of water with both hands for a minute or more, and of washing the face and hands before drinking, will not do away the risk, unless, by the partial refreshment they afford, they give a previous impulse to the flagging energies, prevent the suddenness of the shock, and diminish the eagerness with which the draught is swallowed, and so the quantity taken.

I know of no safer course for those who, with the cup at their lips, cannot drink with moderation, than to abstain from it entirely until rest has restored in a measure the natural tone of the system. Yours, &c.

F. J. Higginson.

Boston, June 9th.

BOSTON, TUESDAY, JUNE 15, 1830.

THEORY OF SYPHILITIC DISEASE.

Mr. Travers, who has distinguished himself abroad both as a man of science and a practical surgeon, advances, in a work recently published, some new views respecting the nature of venereal disease. According to him, syphilis and gonorrhœa are different forms of a common malady, and mutually produce each other or reproduce themselves, not according to any peculiarities in the constitution of the individual affected, but according to accidental circumstances in the state of the parts to which the virus is applied. If the matter secreted in gonorrhœa be applied to a previously healthy urethra or vagina, the consequence will be a mucous inflammation and discharge, without ulceration, constituting itself a proper gonorrhœa; but if the surface with which the gonorrhœal discharge comes in contact has been previously ulcerated from any cause, the virus is absorbed, the system becomes tainted, and while some or all of the

symptoms of syphilis succeed, the ulcer itself participates in this secondary influence, and puts on a syphilitic character. If we add to this that Mr. Travers does not consider the gonorrhœal discharge as specific, but thinks this character belongs to any muco-purulent discharge from the surfaces alluded to, even if they arise from a cause simply local, it will be perceived how extensive are the consequences which result from this theory. It would appear not only that gonorrhœa may produce syphilis by communication, if any solution of continuity exist in the parts to which it is applied, but that it may be followed by syphilis in the same individual, either in consequence of ulceration accidentally induced, or of erosion caused by the direct influence of the morbid discharge itself. Still further, it might happen that a mucous discharge, caused simply by local irritation or want of cleanliness, should degenerate into true gonorrhœa, and this subsequently produce syphilis by absorption, independently of any commerce, lawful or unlawful, from first to last. In this view, the matter certainly looks very serious; and it is not easy to say who may not be embraced within such a sweeping list of possibilities. At all events, the theory is sufficiently extensive to account for most of those facts in relation to the contagion of gonorrhœa and syphilis which have hitherto been regarded as anomalies; and has the additional advantage of being prepared against many others which have never yet been noticed. A more particular account of what is new in the work of Mr. Travers, may be found in the London Medical Gazette, No. 123.

OPERATIONS ON DISEASED JOINTS.

A MEMOIR has recently been presented to the French Academy of Medicine by M. Roux, containing, among other plans of improvement in surgical practice, that of a new operation in certain cases of white swelling, as a substitute for the amputation of the limb. M. Roux had remarked that in limbs affected with this disease, the substance of the bones above and below the joint, as also the muscular and tendinous substance surrounding it, were frequently healthy. It occurred to him, therefore, that if it was possible to effect a division of both bones, and separate the soft parts so as to insulate the diseased joint, this might be removed, and the remainder of the limb be left in a condition to be useful. He at first thought of attempting this with regard to the knee; but on reflecting that a lower extremity which would yield no support could be of little benefit to its possessor, he abandoned this design, and concluded to confine his experiment to hydarthric swellings of the elbow joint. Accordingly, four cases of this kind were treated by removal of a portion of the humerus above, and portions of the radius and ulna below. The details of the operations are not given. The wounds presented, as was to be expected, a terrific appearance, and vast quantities of matter were secreted by the surfaces exposed. Of the patients operated on, one died within a short

time after the operation. In the other three, the wounds healed at the end of three, six, and eight months, respectively; and of these, one died subsequently of phthisis. The rest were restored to perfect health, and retained the entire use of the hands and fingers; so that one was enabled to gain his livelihood as a grinder, and the other, a female, returned to her occupation as a couturière en robes.

The same operator has removed the metacarpal bone of the thumb in some cases where it became the seat of disease, not extending to the adjacent joints. The operation consists in insulating the bone from the surrounding soft parts, and disarticulating it at the two extremities. This mode of proceeding was followed by the happiest effects; the muscles contracting gradually, caused the thumb to approximate the bone, until the space left by the excised bone was obliterated; and this portion of the extremity continued to perform its functions, suffering only the disadvantages necessarily consequent on its diminished length.

As respects the first of these operations, for the introduction of which M. Roux takes some credit to himself, it has been, during the last two years, performed by other practitioners with at least equal success. In November, 1828, Mr. Syme, of Edinburgh, removed the elbow joint for caries, in a man about 24 years of age. A great part of the wound healed by the first intention, but the remainder closed more slowly. At the end of four months the patient was able to write, and seemed likely to gain the entire use of the limb. Another case, which occurred in a boy of 8 years, was operated upon on the 27th of November. Parts of the radius, ulna, and humerus, were removed as before. No part of the wound healed by the first intention, but granulation took place favorably, and the cure was nearly complete at the end of three weeks. The third patient, a ship carpenter, aged 41, was operated upon the following January. The operation was more difficult and tedious than the preceding, but nearly all the wound healed by the first intention, and the cure was complete at the end of a fortnight.

The two next operations, like the preceding, were rendered necessary by caries of the joint. Both were performed between May and October, 1829, and resulted favorably. A sixth case, which presented itself about the end of August last, was an extensive disease both of the bones and the soft parts, occurring in a female 15 years of age. The joint measured 13 inches in circumference; the skin over the olecranon was extensively ulcerated, and there were sinuses extending to the bones both on the anterior and posterior parts of the joint. This operation was attended with entire success. Another case occurred in a boy of 8 years, and was operated on January 12th. It did well. Since this date, Mr. Syme has twice operated for white swelling of the knee with caries, removing the patella and portions of the femur and tibia. The first case proved successful, and four weeks after the operation the wound

was nearly healed. In the other, the femur was found diseased considerably above the place of division; amputation was therefore determined on, but before it could be effected, the patient died. In the successful case, the tibia and femur were placed in apposition, and the limb proved of considerable service to the boy in walking.

The most interesting fact in the result of these operations, is the degree in which the patients referred to regained the power of moving limbs which had undergone so serious a mutilation. We find it mentioned, in proof of this restoration, that the first patient was enabled to use his arm with freedom, and to write with the greatest facility with the corresponding hand. In this and the other cases, it was evident that the divided muscles found new attachments, fixing themselves round the remaining bone, so as to become capable of performing their functions. Another instance of similar adaptation to circumstances, occurred in a subsequent case, in which the foot was amputated by incision through the tarsus. It was found, after the healing of the wound, that the flexors of the ankle had gained new attachments, and thus prevented the preponderance of the gastrocnemius and other extensors, so that the heel, instead of being forcibly drawn up, could be placed in its proper position on the ground.

ENDERMIC MEDICATION.

We have lately taken occasion to notice some of those facts which go to prove that medicinal agents are capable of producing their specific effects, when applied to the sound surface of the skin corresponding to the part intended to be affected. This was then stated to have been shown in a very satisfactory manner with regard to many articles of the narcotic class. One of the most useful, as well as striking instances of this fact, occurs in the use of the belladonna when applied to the surface around the eye in order to effect the dilatation of the pupil. From a consideration of its efficacy in these cases, a French practitioner was induced to make trial of it in a neuralgic affection of an intermittent character, accompanied with severe pain, seated in one side of the forehead directly over the eyes. Various remedies having been used to no purpose, a quantity of the extract. belladonnæ was rubbed over the part at the commencement of a paroxysm. The relief was both immediate and permanent. The pain ceased in the part, and did not recur, and the application appeared to have effected an entire cure. The same treatment was subsequently adopted in five cases having more or less resemblance to the first, and in all with nearly equal success. In one of these the pain was peculiarly acute and lancinating, precisely resembling that of tic douloureux. In another, the pain having returned after an interval of relief, the patient at once procured a quantity of the extract, and speedily experienced its soothing effects. In the most severe case mentioned, a temporary respite from pain was procured, although, as was afterward discovered, the symptoms arose from chronic cerebral inflammation, and re-

quired more active treatment.—In one case where the seat of pain was very near the eye, considerable inconvenience resulted from the dilatation of the pupil consequent on applying the remedy, which caused for a time a loss of vision in the affected organ. On the whole, the amount of evidence presented seems quite sufficient to justify having recourse to this article, in cases similar to those above mentioned.

EFFECTS OF THE ESSENTIAL OIL OF LEMONS IN SOME DISEASES OF THE EYES.

M. WERLITZ cuts a slice of lemon peel, about an inch long and half an inch broad, places the upper part opposite the affected eye, and, the eyelids being opened, squeezes out the little drops of volatile oil contained in the tissue of the rind into the eye. The sensation produced is acute, and continues for an hour or two. If the pain caused should be severe, cold applications are to be employed. The effects attributed to the oil of the lemon peel are those of increasing the capillary circulation, and causing the absorption of morbid depositions.

From experiments which have been made at Berlin, it would appear that the following diseases are remedied by this treatment:—Inflammations of the eye which are passing into the chronic state, and which affect the external parts,—as the conjunctiva, cornea, or sclerotica,—particularly if the small vessels be turgid. M. Werlitz has also found the remedy useful in the rheumatic, gonorrhœal, and scrofulous forms of ophthalmia; in pannus and pterygium; in albugo and opacity of the cornea; and in cases where the texture of the cornea has lost its healthy density, and becomes soft and spongy. The remedy may be employed frequently during the day, depending upon the degree of irritation it produces.—*Jour. fur Chir. und Augen.*

Obstinate Hysteria cured by the Removal of a small Tumor under the Breast.—A woman had two small tumors, moveable under the skin, and about the size of small peas, which made their appearance after a blow on the chest. The development of one preceded that of the other, and was not attended with inconvenience. The appearance of the second was followed by symptoms of severe hysteria. She had been in this state for several years; when, at length, urged by the severity of her sufferings, she applied at La Charité for relief. M. Boyer extirpated the tumor which had formed last, and thus at once put an end to the disease.—*Gaz. Medicale.*

Intermittent Headach cured by the Evacuation of Calculi from the Nose.—A young woman had periodical headach, returning every day, and apparently originating in the left frontal sinus, and extending all over the corresponding side of the head. After many years suffering, she evacuated from the left nostril a calculus as large as a bean, which event was followed by improvement. She now tried sternutatories, by which means several more calculi were ejected, and afterwards some fetid pus. From this time she got well. The calculi were analysed, and found to consist of phosphate of lime, carbonate of lime, and magnesia; traces of soda, oxide of iron, and animal matter.—*Ib.*

Ossified Brain.—M. C. Matteucci having examined a brain which he discovered in an old anatomical collection, found it to exhibit a singular case of ossification throughout its whole substance. When heated, it burnt, evolving ammonia, leaving a bulky charcoal. When examined by chemical agents, carbonate of lime was found in small quantity,

and phosphate of lime in much larger, but the principal part of the mass was animal substance, closely allied to *ozmazome*.

The composition of the concretions that are sometimes found in the pineal gland, are, according to Fourcroy, of the same nature.—*Ann. de Chimie.*

Medical School of Maine.—The course of Medical Lectures at Bowdoin College, for 1830, closed on Saturday, May 15th. The examination of candidates for the degree of Doctor in Medicine commenced on the following Monday morning, and continued until Saturday noon. Of a class consisting of *ninety-nine* pupils, *thirty-six* candidates for a degree passed a satisfactory examination before the Faculty of Medicine. The following list contains the names of the young gentlemen, their places of residence, and the subjects of their dissertations:—

Benj. Atkinson, *Newburyport*, Ms., on Tetanus. Ariel Ballou, *Cumberland*, R. I., Jaundice. Ezekiel M. Bartlett, *Bethel*, Carduus Canadensis. H. Bourne, A.B., *Attleborough*, Ms., Influence of Nervous Irritation on the Mind. Benj. F. Buxton, *Warren*, Ictodes Fœtidus. Moses P. Cleaveland, A.B., *Brunswick*, Cæsarean Operation. Luther Cross, *Keene*, N. H., the Nerves. Alexander H. Day, *St. Augustine*, E. Florida, Contagiousness of Yellow Fever. Joseph P. Dorr, *Chatham*, N. Y., Retention of Urine. Franklin P. Fletcher, *China*, Menstruation. Octave C. Fortier, *Quebec*, L. Canada, Phthisie Tuberculeuse. Moses Frost, *Norway*, Typhous Fever. Jared Fuller, *Hampton*, Conn., Opium. Franklin Gage, A.B., *Augusta*, Fungus Hæmatodes. George W. Goodwin, *South Berwick*, Bloodletting. Jerome Harris, *Methuen*, Ms., Secale Cornutum. Nahum Jordan, A.B., *Ellsworth*, Hæmoptysis. Sherman M'Lean, *Andover*, Conn., Necrosis. Calvin M'Questen, *Bedford*, N.H., Dyspepsia. Wm. Marrett, *Standish*, Phthisis Pulmonalis. Robert S. Morrill, *Canterbury*, N. H., Osteitis. Selim Newell, *Derby*, Vt., Diabetes Melitus. John D. Pilsbury, *Pembroke*, N. H., Hepatitis. Hosea Powers, *Sandford*, Chorea. Israel Putnam, A.B., *Sutton*, Ms., Conception. Thomas Roberts, *Bethel*, Enteritis. Luke W. Stanton, *Norwich*, Ms., Organic Affections of the Heart. Enos H. Thompson, *Avon*, Cholera. Isaac Thompson, *Rumford*, Scrofula. Erastus C. Torrey, A.B., *Windsor*, Vt., Hepatitis. Nathaniel C. Towle, *Wolfborough*, N. H., Indigenous Medicines. Isaac Waterhouse, *Poland*, Blisters. Thomas White, *Bethel*, Phrenitis. Albert Williams, A.M., *Boston*, Ms., Functional Derangement of the Digestive Organs. Lewis Whitney, *North Yarmouth*, Influence of the Imagination on the Fœtus in Utero. —*Eastern Galaxy.*

City Medical Officers.—By an unanimous vote of the city authorities, Dr. J. V. C. Smith has been re-elected Quarantine Physician, and Drs. T. Welsh, J. C. Warren, B. Shurtleff, and Geo. Hayward, have been re-chosen Consulting Physicians, for the ensuing year.

WEEKLY REPORT OF DEATHS IN BOSTON, ENDING MAY 28.

Date.	Sex.	Age.	Disease.
May 22.	F.	28 yrs	inflammation on the liver
	F.	20	lung fever
	F.	22	consumption
	M.	25	do.
	F.	18	do.
	M.	11 mo	inflammation on the lungs
	M.	37 yrs	intemperance
23.	F.	54	dropsy on the brain
	M.	9 mo	croup
	M.	42 yrs	consumption
24.	F.	35	sudden
26.	M.	18	consumption
27.	F.	31	unknown
	F.	6	dropsy on the brain
	F.	22 mo	spasm
28.	M.	49 yrs	hooping cough
	M.	20	confluent smallpox (Hospital Island)

Males, 8,—Females, 9. Stillborn, 1. Total, 18.

ADVERTISEMENTS.

NEW MEDICAL WORKS.

JUST published, and for sale, by CARTER & HENDEE,—

A Treatise upon the Semeiology of the Eye, for the Use of Physicians; and of the Countenance, for Criminal Jurisprudence. By J. F. DANIEL LOBSTEIN, M.D.

A Treatise on Surgical and General Anatomy. By WILLIAM E. HORNER, M.D. In 2 vols. 2d edition, revised and corrected.

The American Dispensatory; containing the Natural, Chemical, Pharmaceutical, and Modern History, of the different Substances employed in Medicine. Together with the Operations of Pharmacy, illustrated and explained according to the Principles of Modern Chemistry. To which are added Toxicological and other Tables; the Prescription for Patent Medicines, and various Miscellaneous Preparations. Eighth edition, improved and greatly enlarged, by JOHN REDMAN COXE, M.D.

May 25.

SUPERIOR STETHOSCOPE.

CARTER & HENDEE have constantly on hand, Stethoscopes of the most approved form, manufactured by George Wheelwright.

They also publish a Manual for the Use of the Stethoscope. A short Treatise on the different Methods of investigating the Diseases of the Chest. Translated from the French of M. Collin by W. N. Ryland, M.D., from the third London edition: with plates and an explanatory introduction, by a Fellow of the Massachusetts Medical Society.

April 6.

NEW MEDICAL BOOKS.

JUST published, and for sale, by CARTER & HENDEE,—Malaria; an Essay on the Production and Propagation of this Poison. By JOHN MCCULLOCH, M.D. F.R.S., &c. &c.

An Essay on the Diseases of the Internal Ear. By I. A. SAISSY, M.D. Translated from the French, by NATHAN R. SMITH, M.D., Professor of Surgery in the University of Maryland; with a Supplement on Diseases of the External Ear, by the Translator.

Observations on the Utility and Administration of Purgative Medicines, in several Diseases. By JAMES HAMILTON, M. D., Fellow of the Royal College of Physicians, &c. &c. From the Fifth Edinburgh Edition.

VACCINE VIRUS.

NATHAN JARVIS, on account of frequent solicitations, will constantly keep for sale FRESH VACCINE VIRUS, taken by a physician from *healthy* subjects. It will be furnished at a reasonable price on demand, either in scabs or quills. Physicians in the country who are in want of Virus, can send their orders by mail, as it can be enclosed in a letter and transmitted without any great expense of postage. June 1.

Apothecaries' Hall,
No. 188 Washington Street.

EUROPEAN LEECHES.

A SMALL lot of remarkably fine Leeches, having been kept over the winter, *and never used*, are offered by retail by R. A. NEWELL,
Druggist, *Summer Street.*

Leeches sent to any part of the city and applied without any extra charge.
June 15. 3t

HALLER'S ELEMENTS OF PHYSIOLOGY.

FOR sale—Haller's Elements of Physiology, complete in eight volumes 4to., elegantly bound in calf. Inquire at Cottons and Barnard's, No. 184 Washington Street.

May 4.

MEDICAL PERIODICALS.

JUST received, by CARTER & HENDEE,—

The New York Medical Inquirer, and Domestic Magazine, Vol. 1, No. 5. For May, 1830.

The North American Medical and Surgical Journal. Published under the Auspices of the Knappa Lambda Association of the United States.—No. 18. For April, 1830. May. 18.

Published weekly, by JOHN COTTON, at 184, Washington St. corner of Franklin St., to whom all communications must be addressed, *postpaid*.—Price three dollars per annum, if paid in advance, three dollars and a half if not paid within three months, and four dollars if not paid within the year. The postage for this is the same as for other newspapers.